



Nepal

Utilizing Women's Discussion Groups as a Force for Change

Participation in discussion groups has increased women's self-confidence in expressing their opinions and has motivated them to take action not only for their own reproductive health, but also for community health programs. Participation has also contributed to increased communication between couples about contraception, including condom use.

Overview

In 1996, the Nepal Red Cross Society (NRCS) established Communication Action Groups (CAGs) as a forum to increase women's communication about reproductive health (RH) among themselves and with their spouses. These women's groups were formed in the remote rural districts of Doti, Kailali, and Udaypur, where most residents are illiterate and impoverished. Many women are at risk of sexually-transmitted infections (STIs) and HIV/AIDS because their husbands migrate to India for work.

By mid-2002, 495 CAGs with 9,900 members were active in 85 Village Development Committees in the three districts. Each CAG consists of 12 to 20 married women of reproductive age and has a trained group leader to facilitate the discussion and share what they learned in training. The groups meet monthly to discuss various issues, including RH, family planning (FP), condom use, delaying both marriage and first birth, child immunization, safe motherhood, use of clean home delivery kits, cleanliness, encephalitis prevention, treatment of diarrhea, vitamin A supplementation, STIs, and HIV/AIDS.

Working with a network of community health providers, the CAGs ensure that health-related information is properly disseminated and understood. In addition to addressing health and women's issues, many CAGs have established savings programs that help to ensure continued participation and the husbands' support for their wives' participation. CAG members are also



educated on negotiation skills, which are critical to a woman's success and foster full participation in family and community affairs.

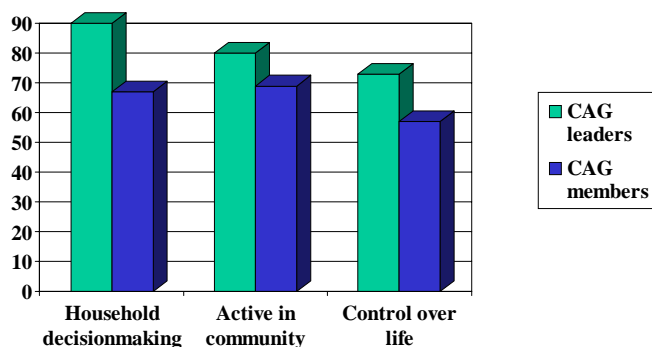
Evaluation Results

In a 2002 evaluation study of the CAGs, 949 persons were interviewed, including CAG leaders, CAG members, husbands of CAG members, and community leaders. Also, 25 focus group discussions were held with these groups as well as with roving male educators, depot holders, and fieldworkers. Some of the findings were:

- Three in five CAG members have talked with their husbands about condom use – an important topic in an area of high migration.

- Between 1993 and 2001, contraceptive prevalence rates more than doubled in the three rural districts where CAGs operate, while overall rates in rural Nepal increased by only 50 percent.
- Both CAG leaders and members reported they were more involved in household decision making, community activities, and public speaking. They also felt they had more control over their lives (see graph below).

Actions Taken After Joining CAG



- Husbands who were initially negative, came to support their wives' involvement in CAGs. They took an interest in what their wives were learning and how they were putting this knowledge into practice.
- CAG leaders were very active in the meetings and the study showed that they had a high level of

knowledge in terms of RH issues and communication skills.

- Topics most often discussed were safe motherhood, RH, FP, HIV/AIDS, and child immunization.
- Although some conservative beliefs and taboo topics impede CAGs' efforts, most communities have overwhelmingly come to accept and utilize CAG resources.
- CAGs are raising community awareness about safe motherhood and reducing factors that contribute to maternal and infant mortality.
- CAGs are increasing awareness of health and hygiene, which is essential to reducing child deaths from diarrhea and other diseases.

Future Recommendations

- Public and private agencies interested in improving reproductive and child health in remote rural areas should support the formation of women's support groups, and make an effort to link them to literacy and credit programs.
- The CAG methodology can be extended to other isolated rural areas of Nepal where women have little access to health information and few outlets to express their views.

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